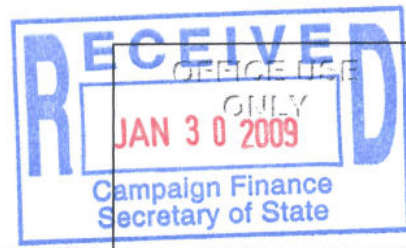


CANDIDATE REPORT OF 2007
RECEIPTS AND DISBURSEMENTS



Name of Candidate Tyrone Ellis
Address 200 Laurel Hill Dr. County OKTibbeha
Telephone (Work) 601-359-3335 (Home) 662-325-6564 (Fax) 601-359-3879
Contact Name Tyrone Ellis Email Address _____
Office Sought State Representative Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ___ May 10, 2007 Periodic Report (January 1, 2007, through April 30, 2007).....Mandatory
___ June 8, 2007 Periodic Report (May 1, 2007, through May 31, 2007).....Mandatory
___ July 10, 2007 Periodic Report (June 1, 2007, through June 30, 2007).....Mandatory
___ July 31, 2007 Pre Election Report (July 1, 2007, through July 28, 2007).....Primary Candidates
___ August 21, 2007 Pre Election Report (July 29, 2007, through August 18, 2007).....Runoff Candidates
___ October 10, 2007 Periodic Report (July 1, 2007 through September 30, 2007).....Mandatory
___ October 30, 2007 Pre-Election Report (October 1, 2007, through October 27, 2007).....Mandatory
___ November 13, 2007 Pre-Runoff Report (October 28, 2007, through November 10, 2007).....Runoff Candidates
☒ January 10, 2008 Periodic Report (October 28, 2007, through December 31, 2007).....Mandatory
___ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	+\$	\$ 22,500.00	\$ 36,720.00
Total amount of disbursements \$	+\$	\$ 1,600.00	\$ 3,820.00
Total amount of cash on hand \$			

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

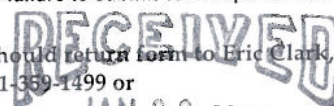
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return forms to Eric Clark, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.



Secretary of State
Capitol Office

"AMENDED"

2008 ELECTION CYCLE
CPR - SS 08-01(b)

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS



Name of Candidate Tyrone Ellis
Address 200 Laurel Hill Drive County OKTIBBEHA
Telephone (Work) 601-359-3335 (Home) 662-323-6564 (Fax) 601-359-3879
Contact Name Tyrone Ellis Email Address _____
Office Sought State Representative Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ___ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
___ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
___ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	+\$	\$ <u>28,140.00</u>	\$ <u>28,140.00</u>
Total amount of disbursements \$	+\$	\$ <u>10,208.49</u>	\$ <u>10,208.49</u>
Total amount of cash on hand		\$ <u>17,931.51</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
FEB 05 2009

Secretary of State
Capitol Office

Name of Candidate or Committee Tyrone EllisReporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cable PAC MCTA</u>	<u>08/25/08</u>	\$ <u>2,000.⁰⁰</u>
Mailing Address <u>P.O. Box 55867</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39296</u>	<u> / / </u>	\$
Name of Employer (Required) <u>MS Cable + Telecom. Assoc.</u>	<u> / / </u>	\$
Occupation (Required) <u>Govt. Affairs</u>	Aggregate year-to-date	\$ <u>2,000.⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Worth Thomas</u>	<u>09/2/08</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address <u>P.O. Box 874</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	<u> / / </u>	\$
Name of Employer (Required) <u>WT Consultants</u>	<u> / / </u>	\$
Occupation (Required) <u>Govt. Affairs Consultant</u>	Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Shirley M. Mock</u>	<u>09/08/08</u>	\$ <u>300.⁰⁰</u>
Mailing Address <u>3062 Wells Rd.</u>	<u> / / </u>	\$
City, State, Zip Code <u>Raymond, MS 39154</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Mock's Consulting</u>	<u> / / </u>	\$
Occupation (Required) <u>Govt. Affairs Consultant</u>	Aggregate year-to-date	\$ <u>300.⁰⁰</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TRONOX, LLC</u>	<u>09/04/08</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address <u> </u>	<u> / / </u>	\$
City, State, Zip Code <u>Hamilton, MS 39746</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Tronox</u>	<u> / / </u>	\$
Occupation (Required) <u>Govt. Affairs</u>	Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>

Name of Candidate or Committee Tyrone Ellis
 Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Paul Carpenter</u>		<u>08 / 20 / 08</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address <u>PO Box 1101</u>		<u> / / </u>	\$
City, State, Zip Code <u>Grenada, MS 38902-1101</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Carpenter Construction</u>		<u> / / </u>	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast</u>		<u>09 / 16 / 08</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address <u>1701 John F. Kennedy Boulevard</u>		<u> / / </u>	\$
City, State, Zip Code <u>Philadelphia, PA 19103-2838</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>A & A of Tupelo, DBA Globe Distributing</u>		<u>12 / 11 / 08</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address <u>120 E. Franklin St.</u>		<u> / / </u>	\$
City, State, Zip Code <u>Tupelo, MS 38804</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Globe Distributing</u>		<u> / / </u>	\$
Occupation (Required) <u>Govt. Affairs</u>		Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT+T MS PAC</u>		<u>09 / 29 / 08</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address <u>175 E. Capital St</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> / / </u>	\$
Name of Employer (Required) <u>AT+T</u>		<u> / / </u>	\$
Occupation (Required) <u>Govt. Affairs</u>		Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>

Name of Candidate or Committee Tyrone Ellis
 Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Bail Agents Assn.</u>		<u>09/10/08</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address <u>413 South President St. Suite 111</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>MS Bail Agents Association</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>Govt. Affairs</u>		Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Power Company State PAC</u>		<u>02/03/08</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address <u>PO Box 4079</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Gulf Port, MS 39502</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>MS Power Company</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>Govt. Affairs</u>		Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Willie Bozeman</u>		<u>08/21/08</u>	\$ <u>900.⁰⁰</u>
Mailing Address <u>770 North West St.</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39209</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>W.B. Consolidated</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>Govt. Affairs</u>		Aggregate year-to-date	\$ <u>900.⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>EN PAC Mississippi</u>		<u>09/15/08</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address <u>PO Box 1640</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson MS 39215-1640</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>Entergy MS</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>Govt. Affairs</u>		Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>

Name of Candidate or Committee Tyrone Ellis
 Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Weyerhaeuser</u>	<u>09/19/08</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address <u>PO Box 9769</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Federal Way, WA 98063-9269</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Weyerhaeuser</u>	<u>—/—/—</u>	\$
Occupation (Required) <u>Govt. Affairs</u>	Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT Mos Energy PAC</u>	<u>09/18/08</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address <u>5430 LBJ Freeway Suite 160</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Dallas, TX 75240</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>AT Mos Energy</u>	<u>—/—/—</u>	\$
Occupation (Required) <u>Govt. Affairs</u>	Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Denbury</u>	<u>09/16/08</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address <u>5100 Tennyson Parkway, Suite 1200</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Plano, TX 75024</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Denbury</u>	<u>—/—/—</u>	\$
Occupation (Required) <u>Govt. Affairs</u>	Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Consumer Finance Association</u>	<u>02/16/08</u>	\$ <u>985.⁰⁰</u>
Mailing Address <u>3 Lakeland Circle, Suite 201</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS 39216-5006</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Ms Consumer Finance Assoc.</u>	<u>—/—/—</u>	\$
Occupation (Required) <u>Govt. Affairs</u>	Aggregate year-to-date	\$ <u>985.⁰⁰</u>

Name of Candidate or Committee Tyrone EllisReporting period Jan 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>First Heritage Credit, LLC</u>	<u>08/27/08</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address <u>605 Crescent Blvd. Suite 101</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Ridgeland, Ms. 39157</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>First Heritage Credit, LLC</u>	<u>—/—/—</u>	\$
Occupation (Required) <u>Govt. Affairs</u>	Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chervon Products Company</u>	<u>09/09/08</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>P.O. Box 1300</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Pascagoula, MS 39568</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Chervon Products Company</u>	<u>—/—/—</u>	\$
Occupation (Required) <u>Govt. Affairs</u>	Aggregate year-to-date	\$ <u>500.⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Dental PAC</u>	<u>09/3/08</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>2630 Ridgewood Road, Ste. C</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS 39216-4920</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Mississippi Dental PAC Assoc.</u>	<u>—/—/—</u>	\$
Occupation (Required) <u>Govt. Affairs</u>	Aggregate year-to-date	\$ <u>500.⁰⁰</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pfizer Inc.</u>	<u>07/28/08</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>412 Main Street, Suite 201B</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Franklin, TN 37064</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Pfizer Inc.</u>	<u>—/—/—</u>	\$
Occupation (Required) <u>Govt. Affairs</u>	Aggregate year-to-date	\$ <u>500.⁰⁰</u>

Name of Candidate or Committee Tyrone Ellis
 Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Trox Inc. PAC MS Acct.</u>		<u>09/04/08</u>	\$ <u>500.⁰⁰</u>
Mailing Address _____		<u>___/___/___</u>	\$
City, State, Zip Code <u>Hamilton, MS</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>Trox, LLC</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>Govt. Affairs</u>		Aggregate year-to-date	\$ <u>500.⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Merck and Company</u>		<u>07/21/08</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>PO Box 4</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>West Point, PA 19486-0004</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>Merck and Company</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>Govt. Affairs</u>		Aggregate year-to-date	\$ <u>500.⁰⁰</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser-Busch, Inc.</u>		<u>09/12/08</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>One Busch Place</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>St. Louis, MO 63118-1852</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>Anheuser-Busch, Inc</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>Govt. Affairs</u>		Aggregate year-to-date	\$ <u>500.⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Brian Cooper</u>		<u>11/04/08</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>916 Lily Creek Resort Rd.</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jamestown, KY 42629</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>Self Employed</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>consultant</u>		Aggregate year-to-date	\$ <u>500.⁰⁰</u>

Name of Candidate or Committee Tyrone Ellis
 Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Motorola</u>	<u>10/29/08</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>P.O. Box 68429</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Schaumburg, Illinois 60168</u>	<u>___/___/___</u>	\$
Name of Employer (Required) _____	<u>___/___/___</u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Automobile Dealers Assoc.</u>	<u>08/25/08</u>	\$ <u>440.⁰⁰</u>
Mailing Address <u>800 Woodlands Parkway, Suite 100</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>___/___/___</u>	\$
Name of Employer (Required) <u>MS Automobile Dealers Association</u>	<u>___/___/___</u>	\$
Occupation (Required) <u>Govt. Affairs</u>	Aggregate year-to-date	\$ <u>440.⁰⁰</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>C.C. Clark, Inc.</u>	<u>08/19/08</u>	\$ <u>300.⁰⁰</u>
Mailing Address <u>P.O. Box 988</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Bowling Green, KY 42102</u>	<u>___/___/___</u>	\$
Name of Employer (Required) <u>C.C. Clark Inc.</u>	<u>___/___/___</u>	\$
Occupation (Required) <u>Govt. Affairs</u>	Aggregate year-to-date	\$ <u>300.⁰⁰</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Home Builders Assoc. of Mississippi</u>	<u>08/26/08</u>	\$ <u>440.⁰⁰</u>
Mailing Address <u>P.O. Box 3556</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson MS 39207-3556</u>	<u>___/___/___</u>	\$
Name of Employer (Required) <u>Home Blders. Assoc. of MS</u>	<u>___/___/___</u>	\$
Occupation (Required) <u>Govt. Affairs</u>	Aggregate year-to-date	\$ <u>440.⁰⁰</u>

Name of Candidate or Committee Tyrone Ellis
 Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pharmaceutical Research + Mfg. of America</u>	<u>12/19/08</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>950 F. Street, NW</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Washington, DC 20004</u>	<u>___/___/___</u>	\$
Name of Employer (Required) <u>Pharmaceutical Research + Mfg. of America</u>	<u>___/___/___</u>	\$
Occupation (Required) <u>Govt. Affairs</u>	Aggregate year-to-date	\$ <u>500.⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Richard L Brown</u>	<u>09/10/08</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>P.O. Box 1132</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39215</u>	<u>___/___/___</u>	\$
Name of Employer (Required) <u>Self</u>	<u>___/___/___</u>	\$
Occupation (Required) <u>Consultant Govt. Affairs</u>	Aggregate year-to-date	\$ <u>500.⁰⁰</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Stephen Clay</u>	<u>08/21/08</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>P.O. Box 217</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	<u>___/___/___</u>	\$
Name of Employer (Required) <u>The Clay Firm</u>	<u>___/___/___</u>	\$
Occupation (Required) <u>Govt. Affairs</u>	Aggregate year-to-date	\$ <u>500.⁰⁰</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Entertainment Software Assoc.</u>	<u>08/21/08</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>575 7th Street, NW, Suite 300</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Washington, DC 20004</u>	<u>___/___/___</u>	\$
Name of Employer (Required) <u>Entertainment Software Assoc.</u>	<u>___/___/___</u>	\$
Occupation (Required) <u>Govt. Affairs</u>	Aggregate year-to-date	\$ <u>500.⁰⁰</u>

Name of Candidate or Committee Tyrone Ellis
 Reporting period Jan. 1, 2008 through Dec 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Check Into Cash, Inc.</u>		<u>09/25/08</u>	<u>\$ 250.⁰⁰</u>
Mailing Address <u>P.O. Box 558</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Cleveland, TN 37364-0550</u>		<u>—/—/—</u>	\$
Name of Employer (Required) <u>Community Financial Services Assoc. of America</u>		<u>—/—/—</u>	\$
Occupation (Required) <u>Govt. Affairs</u>		Aggregate year-to-date	<u>\$ 250.⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Buddy Melvin & Associates, Inc</u>		<u>09/03/08</u>	<u>\$ 275.⁰⁰</u>
Mailing Address <u>1069 No. West St.</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS 39202-2570</u>		<u>—/—/—</u>	\$
Name of Employer (Required) <u>Self</u>		<u>—/—/—</u>	\$
Occupation (Required) <u>Govt Affairs Consultant</u>		Aggregate year-to-date	<u>\$ 275.⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Miss. Mfg. Assoc. PAC</u>		<u>08/29/08</u>	<u>\$ 250.⁰⁰</u>
Mailing Address <u>PO Box 22667</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS 39225</u>		<u>—/—/—</u>	\$
Name of Employer (Required) <u>MS Mfg. Assoc.</u>		<u>—/—/—</u>	\$
Occupation (Required) <u>Govt. Affairs</u>		Aggregate year-to-date	<u>\$ 250.⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abbott Employee Political Action Committee</u>		<u>10/06/08</u>	<u>\$ 250.⁰⁰</u>
Mailing Address <u>4708 Hilldale Drive</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Knoxville, TN 37914</u>		<u>—/—/—</u>	\$
Name of Employer (Required) <u>Abbott Laboratories, Inc.</u>		<u>—/—/—</u>	\$
Occupation (Required) <u>Govt. Affairs</u>		Aggregate year-to-date	<u>\$ 250.⁰⁰</u>

Name of Candidate or Committee Tyrone Ellis
 Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Eli Lilly and Company</u>	<u>11/19/08</u>	\$ <u>250.⁰⁰</u>
Mailing Address _____	<u>___/___/___</u>	\$ _____
City, State, Zip Code _____	<u>___/___/___</u>	\$ _____
Name of Employer (Required) <u>Eli Lilly & Company</u>	<u>___/___/___</u>	\$ _____
Occupation (Required) <u>Corporation</u>	Aggregate year-to-date	\$ <u>250.⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Miss. Concrete Industries Assoc.</u>	<u>09/08/08</u>	\$ <u>500.⁰⁰</u>
Mailing Address _____	<u>___/___/___</u>	\$ _____
City, State, Zip Code _____	<u>___/___/___</u>	\$ _____
Name of Employer (Required) <u>MS Concrete Industries Association</u>	<u>___/___/___</u>	\$ _____
Occupation (Required) <u>Govt Affairs</u>	Aggregate year-to-date	\$ <u>500.⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>EPAPAC gms ACRE</u>	<u>12/15/08</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address _____	<u>___/___/___</u>	\$ _____
City, State, Zip Code _____	<u>___/___/___</u>	\$ _____
Name of Employer (Required) <u>Electric Power Assoc. of Mississippi</u>	<u>___/___/___</u>	\$ _____
Occupation (Required) <u>Govt. Affairs</u>	Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Toyota of America</u>	<u>11/25/08</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address _____	<u>___/___/___</u>	\$ _____
City, State, Zip Code _____	<u>___/___/___</u>	\$ _____
Name of Employer (Required) _____	<u>___/___/___</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>

Name of Candidate or Committee Tylore EllisReporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name <u>American Express</u>	Date (Mo., Day, Year) <u>12 / 04 / 08</u>	Amount of each disbursement this period \$ <u>1,494.¹⁶</u>
Mailing Address	<u>08 / 26 / 08</u>	\$ <u>2,000.⁰⁰</u>
City, State, Zip Code		\$ <u>3,494.¹⁶</u>
Purpose of Disbursement (Optional) <u>Travel-meals-Lodging @ Campaign/DNC</u>	Aggregate Year-to-date	
B. Full name <u>Department of Finance + Administration</u>	Date (Mo., Day, Year) <u>09 / 5 / 08</u>	Amount of each disbursement this period \$ <u>2,355.⁰⁰</u>
Mailing Address	<u>09 / 08 / 08</u>	\$ <u>2,000.⁰⁰</u>
City, State, Zip Code <u>Jackson MS</u>	<u>09 / 08 / 08</u>	\$ <u>2,355.⁰⁰</u>
Purpose of Disbursement (Optional) <u>Reimbursement @ DNC Travel/Lodging</u>	Aggregate Year-to-date	
C. Full name <u>Whisper Lake Country Club</u>	Date (Mo., Day, Year) <u>09 / 08 / 08</u>	Amount of each disbursement this period \$ <u>2,000.⁰⁰</u>
Mailing Address	<u>09 / 08 / 08</u>	\$ <u>2,000.⁰⁰</u>
City, State, Zip Code <u>Madison, MS</u>	<u>09 / 08 / 08</u>	\$ <u>2,000.⁰⁰</u>
Purpose of Disbursement (Optional) <u>Golf Town. EXP. Green Fees</u>	Aggregate Year-to-date	
D. Full name <u>M = Alistair's Deli</u>	Date (Mo., Day, Year) <u>09 / 08 / 08</u>	Amount of each disbursement this period \$ <u>542.⁷⁰</u>
Mailing Address	<u>09 / 08 / 08</u>	\$ <u>542.⁷⁰</u>
City, State, Zip Code <u>Madison, MS</u>	<u>09 / 08 / 08</u>	\$ <u>542.⁷⁰</u>
Purpose of Disbursement (Optional) <u>Lunch @ Golf Town. EXP.</u>	Aggregate Year-to-date	
E. Full name <u>Advance Resources & Associates</u>	Date (Mo., Day, Year) <u>09 / 15 / 08</u>	Amount of each disbursement this period \$ <u>1,500.⁰⁰</u>
Mailing Address <u>PO Box 892</u>	<u>09 / 15 / 08</u>	\$ <u>1,500.⁰⁰</u>
City, State, Zip Code <u>Starkville, MS 39760</u>	<u>09 / 15 / 08</u>	\$ <u>1,500.⁰⁰</u>
Purpose of Disbursement (Optional) <u>Loan Pay back from (9-5-08)</u>	Aggregate Year-to-date	
F. Full name <u>Cellular South</u>	Date (Mo., Day, Year) <u>08 / 04 / 08</u>	Amount of each disbursement this period \$ <u>316.⁶³</u>
Mailing Address	<u>08 / 04 / 08</u>	\$ <u>316.⁶³</u>
City, State, Zip Code <u>Starkville MS</u>	<u>08 / 04 / 08</u>	\$ <u>316.⁶³</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	